



2025 Utah Individual Plan Dental Comparison

	Premier PPO (High)		Premier PPO (Low)		Advantage PPO		Advantage Copay		Complete Care DHMO
Network	Premier	Out-of-Network	Premier	Out-of-Network	Advantage Plus	Out-of-Network	Advantage	Out-of-Network	DHMO Utah
Preventive (Type 1)	100%	80% up to MAC*	100%	75% up to MAC*	100%	75% up to MAC*	100%	See Claim Payment Schedule	Covered 100% after \$25 copay
Basic (Type 2)	80%	60% up to MAC*	75%	50% up to MAC*	75%	50% up to MAC*	See Co-Pay Schedule	See Claim Payment Schedule	Up to 80% Savings - See Member Schedule (Discount Only)
Major (Type 3)	50%	40% up to MAC*	50%	25% up to MAC*	50%	25% up to MAC*	See Co-Pay Schedule	See Claim Payment Schedule	Up to 50% Savings - See Member Schedule (Discount Only)
Orthodontics (Type 4)	50%	20%	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only
Children up to age 19	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only
Adults	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only
Oral Surgery (Type 2)	80%	60% up to MAC*	75%	50% up to MAC*	75%	50% up to MAC*	See Co-Pay Schedule	See Claim Payment Schedule	Up to 80% Savings - See Member Schedule (Discount Only)
Endodontics (Type 3)	50%	40% up to MAC*	50%	25% up to MAC*	50%	25% up to MAC*	See Co-Pay Schedule	See Claim Payment Schedule	Up to 50% Savings - See Member Schedule (Discount Only)
Periodontics (Type 3)	50%	40% up to MAC*	50%	25% up to MAC*	50%	25% up to MAC*	See Co-Pay Schedule	See Claim Payment Schedule	Up to 50% Savings - See Member Schedule (Discount Only)
	Waiting Period		Waiting Period		Waiting Period		Waiting Period		Waiting Period
Preventive	No Waiting		No Waiting		No Waiting		No Waiting		No Waiting
Basic	6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period		3 Month Waiting Period		No Waiting
Major	12 Month Waiting Period		12 Month Waiting Period		12 Month Waiting Period		6 Month Waiting Period		No Waiting
Orthodontics	18 Month Waiting Period		N/A		N/A		N/A		No Waiting
	Deductible		Deductible		Deductible		Deductible		Deductible
Per Person	\$75.00		\$50.00		\$50.00		\$25.00		\$0.00
Family Max	\$225.00		\$150.00		\$150.00		\$75.00		\$0.00
Deductible Applies to	Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3		N/A
	Annual Maximum		Annual Maximum		Annual Maximum		Annual Maximum		Annual Maximum
Per Person	\$2,500		\$1,500		\$1,500		UNLIMITED		N/A
Major (Type 3) Per Person	\$1,250		\$750		\$750		UNLIMITED		N/A
Orthodontic Lifetime	\$1,250		N/A		N/A		N/A		N/A
COST COMPARISON	\$\$\$\$		\$\$\$		\$\$\$		\$		\$

Ultimate Value – The most requested coverage at an unbeatable price!

*All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC). Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. Underwritten by Educators Health Plans Life, Accident & Health, Inc., © 2025 EMI Health